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<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/625,456
	Filing Date	July 22, 2003
	First Named Inventor	Ian ZENONI
	Art Unit	2623
	Examiner Name	Christopher C. Grant
	Attorney Docket Number	577172002500

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

Application is being transferred to another attorney.

### CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Marc Kaufman, Esq.		
Address	Nixon Peabody LLP, 401 9 <sup>th</sup> Street, N.W., Suite 900		
City	Washington	State	D.C.
Country	United States of America		
Telephone	202-585-8164	Email	mkaufman@nixonpeabody.com
Signature			
Name	Adam Keser	Registration No.	54,217
Date	September 14, 2006	Telephone No.	(703) 760-7301

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.